

Got Dirt? Regional Garden Training Registration

Name: _____
Title: _____
Agency/Organization: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Daytime Telephone Number: _____
Email: _____

Please check the box of the training you will be attending:

_____ **Burlington, WI**
Aurora Wellness Center
300 McCanna PKWY
March 16, 2005
5:00-9:00 pm

_____ **Racine, WI**
DeKoven Center
600 21st St.
March 17, 2005
5:00-9:00 pm

_____ **Milwaukee, WI**
Milwaukee UW-Extension Office
932 S. 60th St, West Allis, WI
March 22, 2005
5:30-9:30 pm

_____ **Hayward, WI**
LCO Convention Center
13767W County Road B
March 24, 2005
5:00-9:00 pm



_____ **Eau Claire, WI**
Eau Claire County Expo Center
5530 Fairview Dr
April 4, 2005
5:30-9:30 pm

_____ **Marshfield, WI**
Marshfield Ag Research Station
8396 Yellowstone Dr
April 5, 2005
5:00-9:00 pm

_____ **McFarland, WI**
OakSong School
3579 Siggelkow Rd
April 11, 2005
4:00-8:00 pm

_____ **Green Bay, WI**
Green Bay Botanical Gardens
2600 Larsen Rd
April 12, 2005
4:00-8:00 pm

****Registration and payment is due 1-week prior to the event.**

Registration Fee: \$10.00 (Fee includes meal, seeds, and toolkit)

Please make note that no refunds will be given.

Please make check payable to the Wisconsin Nutrition & Physical Activity Program.

Please choose one of the following options:

_____ Check is Enclosed

_____ I am faxing this form to reserve a spot and mailing the check.

Please fax and/or mail this form to:

Joanne McCluskey
Wisconsin Division of Public Health
1 West Wilson Street, Room 243
P.O. Box 2659
Madison, WI 53701
Fax: (608) 266-3125
Phone: (608) 266-3891